



Kentucky Board of Nursing
 312 Whittington Pky Ste 300
 Louisville KY 40222-5172
 www.kbn.ky.gov

**KENTUCKY BOARD OF NURSING
 NURSING INCENTIVE SCHOLARSHIP FUND
 APPLICATION FORM**

Helpful items to read before you begin:

- Application Instructions: <https://kbn.ky.gov/General/Documents/NISF-application-instructions.pdf>
- NISF Frequently Asked Questions: <https://kbn.ky.gov/Education/Pages/nursing-incentive-scholarship-fund.aspx>

Type or print clearly using capital letters and black ink and fill in the appropriate boxes.

Section A: Personal Identification

Last Name

First Name

M.I. Maiden Name

Social Security Number

Applicant status (Check one)

- New Applicant
- Previous Award Recipient
- Applying for a Continuation of Funding

Contact Information

Phone Number

Alternative Phone Number (if applicable)

Email Address USE SEPARATE BOX FOR "DOT" AND @

Street address

This is your home address. You will have the opportunity to provide a separate mailing address next.

Street Address

Street Address Line 2 (E.g. Apt #)

City

State

Zip Code

Do you receive your mail at a different address? Yes No

Mailing address

If you receive your mail at a different address, please provide your mailing address below. If not, leave blank.

Mailing Address

Mailing Address

City

State

Zip Code

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Section B: About you

Are you a Kentucky resident? Yes No

Do you hold a current, valid nursing license? (LPN, RN, APRN) Yes No
License Number

Have you been accepted for admission to a program of nursing? Yes No

Section C: About your program of nursing

School Name

Street Address

City State Zip Code

Telephone Number

Type of Nursing Program: LPN ADN BSN

Graduate: _____
Please specify the graduate program type (e.g. DNP, MEPN, graduate certificate in...)

Program Start Date

Please provide the month and year in which your program began or will begin.

Month / Year

Expected Date of Completion

Please provide the month and year in which you expect to complete your program's coursework.

Month / Year

GPA

Please provide the most recent post-secondary GPA. If you do not yet have a GPA from college coursework, provide either your final high school GPA or your GED transcript score.

→ Use the value given ("cumulative GPA") on the official transcript that is to be submitted with your application form.

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USE SEPARATE BOX FOR DOT IF APPLICABLE

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Section D: Financial Need

➔ **Preferential** scoring is given to applications that demonstrate financial need.

Demonstrate financial need by submitting a **Student Aid Report (SAR)** for the **upcoming academic year**. Submitting the SAR is *optional* but **strongly recommended**.

Where do I get a Student Aid Report?

To obtain a Student Aid Report (SAR), complete the Free Application for Federal Student Aid (FAFSA). Once your FAFSA is processed, your SAR will be provided by e-mail, mail, and/or online portal, depending on how you submitted your FAFSA. Please refer to the NISF FAQ webpage for more information: <https://kbn.ky.gov/Education/Pages/nursing-incentive-scholarship-fund.aspx>

Expected Family Contribution

Expected Family Contribution, or **EFC**, can be located on page 1 of your SAR, as in the example image below.

EXAMPLE

The screenshot shows the 'Processed Information' section of a FAFSA SAR. It includes the FAFSA logo, navigation buttons for 'PREVIOUS', 'PRINT THIS PAGE', and 'VIEW STUDENT AID REPORT (PDF)'. Below this, it states '2018-2019 Electronic Student Aid Report (SAR)' and 'The SAR summarizes the information you submitted on your 2018-2019 Free Application for Federal Student Aid (FAFSA)'. A table lists the following information:

Application Receipt Date:	10/01/2017	XXX-XX-0010 DE 03
Processed Date:	10/01/2017	EFC: 007912*
		DRN: 4653

Below the table, there is a section titled 'Comments About Your Information' which includes a link to 'federal tax benefits for education' and a note: 'Based on the information we have on record for you, your EFC is 007912. You are not eligible for a Federal Pell Grant but you may'.

In this sample SAR from FAFSA, the text (highlighted) states "EFC 007912."
If this were *your* SAR, you would select the range "5,001 to 10,000."
If your SAR says "000000," then select "0 to 5,000."

Looking at page 1 of the SAR you are submitting, what is your EFC?

Select one option below. If applicable, select the numerical range in which your EFC falls or "I'm not sure."

- 0 to 5,000
- 5,001 to 10,000
- 10,001 to 20,000
- 20,001 and above
- I'm not sure.
- I will **not** be submitting the SAR.

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Section E: Supporting Documentation

Required Documents

The following documents must be submitted with your application to be considered complete.

A copy of the program of nursing acceptance letter verifying initial enrollment

- If your program emailed this letter to you, please "print to PDF" the original email to retain its integrity. Do **not** cut and paste the body of the email into a Word document.
- If applying for continuation of funding, you must still provide this letter for regulatory compliance.

An official transcript for verification of GPA

- If newly enrolled in a program of nursing and will not yet have a GPA at your school, please submit an official transcript from the last academic institution in which you were enrolled for verification of GPA **or** submit an official copy of your GED transcript
- If already enrolled and attending a program of nursing, please send a copy of an official transcript to verify continued enrollment.

★ Only official transcripts can be accepted. ★

A grade report, letter of good standing, or unofficial transcript are **not** official transcripts.

Recommended Document

Although optional, it is strongly recommended to include a copy of the SAR with your application packet. By including the SAR, your application may qualify for preferential scoring based on financial need.

A copy of your Student Aid Report (SAR) for the upcoming academic year.

An academic year begins with a Fall term. When submitting your SAR, double check the years referenced at the top of the first page.



Example: If you were applying for the NISF for the academic year beginning in Fall 2021, you would submit this SAR for 2021-2022. An SAR from 2020-2021 would not be accepted since the referenced academic period ends in the first half of 2021.

For more information about obtaining your SAR and how scoring works please see:

- o NISF FAQs: <https://kbn.ky.gov/Education/Pages/nursing-incentive-scholarship-fund.aspx>
- o NISF Instructions: <https://kbn.ky.gov/General/Documents/NISF-application-instructions.pdf>

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Section F: Certification and Release of Information

Sign and date the certification and authorization for release of information.

I affirm that all the information reported is complete, accurate, and true to the best of my knowledge. I understand that if I do not meet the obligation of this program, I will be required to repay the scholarship funds received plus accrued interest. I understand that I will be required to sign a promissory note and contract to receive NISF funds.

I authorize school officials to release the information requested to the Kentucky Board of Nursing for the purpose of determining eligibility for nursing loan assistance.

Applicant's Signature

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|_|_|_| |_|_|_| |_|_|_|_|_|_|_|

Date

Name (print or type clearly)

Deadline: Received by June 8

See Instructions page for how to submit your application form and documents.

<https://kbn.ky.gov/General/Documents/NISF-application-instructions.pdf>

It is recommended that you retain a copy of your application form and accompanying documents for your own records.

If you realize you made an error or did not submit a document, please contact Amy Ninneman, NISF Program Coordinator, as soon as possible at amy.ninneman@ky.gov.

Any supporting documentation that is not received on or before the June 8th deadline will not be accepted.